

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/9/9617

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	Cancel					
5		1				
6	Cancel					
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23	1					
24		1				
25	1					
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33	Cancel					
34		2				
35	Cancel					
36		2				
37		2				
38		2				
39	1					
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48	1					
49						
50						
TOTAL IND.	6					
TOTAL DEP.	51					
TOTAL CLAIMS	63					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS